

KANSAS STATE BOARD OF PHARMACY

OPEN RECORDS REQUEST FORM

Company/Organization:		
Name:		
Street Address:		
City:	State:	Zipcode:
Phone:	Fax:	E-Mail:
<div style="display: flex; justify-content: space-between;"><div>Please Mark Your Selection:</div><div>Total Cost <u>PER LIST</u>:</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Electronic Mail</div><div>\$45.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> 3 1/2" Diskette</div><div>\$55.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Mailing Labels</div><div>\$55.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Copies</div><div>\$55.00</div></div> <div style="text-align: center; margin-top: 10px;">***AN INVOICE WILL BE MAILED WITH REQUESTED INFORMATION.***</div>		
REQUESTED INFORMATION: (CHECK ALL THAT APPLY) Search time and computer time may be charged dependent on particular search request. Charge will be staff time per hour.		
Profession:	Fields:	Sort Order:
_____ Pharmacists List	_____ Name	_____ Alpha
_____ Pharmacies List	_____ Address	_____ Zipcode
_____ Non-Resident Pharmacies List	_____ City	_____ City
_____ Distributor List	_____ State	_____ County
_____ Technician List	_____ License Number	
	_____ Original License Date	
	_____ License Expiration	
Please note price is PER LIST		
Special Requests: Please specify any other record requests that are being made.		
To order, submit this form and a check for total costs to: Kansas State Board of Pharmacy 900 SW Jackson, Room 560 Topeka, KS 66612-1231		

OPEN RECORDS REQUEST AND CERTIFICATION

INSTRUCTIONS: Please complete this form for requests of public records maintained by the Kansas State Board of Pharmacy. Access to public records will be acted upon as soon as possible. The Board has until the third business day following the receipt of this signed form to respond to a request.

I hereby that the undersigned and/or any person(s) authorized by the undersigned have no intention to and will not use the requested information for any of the following:

- (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed;
- (B) Sell, give, or otherwise make available to any person any list of names or addressed contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any listed person or to any person who resides at any address listed.

The Board is authorized to require this certification pursuant to K.S.A 45-220. Violation of this provision is a criminal misdemeanor. K.S.A. 21-3914.

We would appreciate it if you gave us the reason for this request. Although, not required, this helps us gather information for the annual report.

DATED THIS _____ DAY OF _____, 20_____

Signature : _____